

Hospital Incident Command System (HICS) Update

Progress continues in the Hospital Emergency Incident Command System revision project, led by the California Emergency Medical Services Authority and funded by HRSA Hospital Bioterrorism Preparedness and Planning grants. During the first week of November 2005, National Work Group and *Ex Officio* team members met at the Emergency Management Institute (EMI) in Emmitsburg, Maryland. Each of the three meeting days resulted in lively debate and excellent input from all. *Ex Officio* members in attendance were Dr. Bob Wise (JCAHO), Roslyne Schulman (AHA), Al Fluman (NIMS Integration Center), Terri Spear (HRSA), and Teresa Brown Jesus (HHS). By the end of our final day, there was preliminary concurrence regarding four key issues:

- The most appropriate title and corresponding acronym for the revised product
- A modified organization chart that is compliant with the National Incident Management System (NIMS)
- A new approach for the Operations Section for improved application in the healthcare setting
- New tools to assist in incident planning and response activities

I. New Name: Hospital Incident Command System (HICS)

As the revised model will have the flexibility for use during any hospital situation (not limited to emergencies and/or disasters), it can be referred to more simply as Hospital ICS or HICS (pronounced "hicks").

II. Organizational Chart

After careful consideration and to ensure compliance with the NIMS, the Work Group decided that the foundation of the new organization will be nine essential positions. The Work Group continues to further define the additional positions based on hospital or community need and situation assessment. The nine essential positions are:

- | | | |
|------------------------------|--------------------------------|---------------------------|
| • Incident Commander | • Medical/Technical Specialist | • Planning Section Chief |
| • Public Information Officer | • Operations Section Chief | • Logistics Section Chief |
| • Safety Officer | • Finance/Administration | |
| • Liaison Officer | Section Chief | |

The Medical/Technical Specialist position will provide incident-specific expertise during any event. This position has the flexibility to reside with Command or move to any Section, as appropriate or needed.

III. Modified Operations Section

A new concept for the Operations Section was presented and adopted by the Work Group. The intent is to provide hospitals with the latitude to incorporate daily operational teams or positions into their emergency management response mechanism. Six task-oriented functional areas were identified which will be headed by Branch Directors. Within each Branch, a Response Team/Strike Team/Task Force will be developed to manage specific hospital needs. A JAS will be developed for each Branch Director and a critical response guide for each Response Team.

IV. Critical Planning Tools

A Planning Guide featuring critical actions for four fundamental response periods will be developed for each of the 15 Homeland Security Council Planning Scenarios and 12 additional internal hospital scenarios recommended and developed by the Work Group. A Response Guide linking these critical actions to HICS-specific positions will also be created. The purpose is to provide hospitals of any size with the necessary tools for planning and safely responding to the most probable incidents impacting a hospital and to develop collaborative tools for integrating with community planning and response activities.

Development of these modifications and additions is currently under way. However, due to the many Work Group members called to assist in the Hurricane responses, we have extended the completion of this core material until March 31, 2006.